

REQUEST FOR GC 12439 VACANT POSITION REESTABLISHMENT

Request Date: _____ Request Number: _____

Department Org Code: _____ Department Name: _____

Agency Org Code (if applicable): _____ Agency Name (if applicable): _____

Does this request include attachments? Yes ☐ No ☐ Please indicate the total number of pages: _____
(including this form)

A. Type of reestablishment (Mark all that apply):

- | | |
|--|---|
| <input type="checkbox"/> (b)(1) Hiring Freeze | <input type="checkbox"/> (b)(4) Classification Designated as Hard-to-Fill |
| <input type="checkbox"/> (b)(2) Diligently Attempted to Fill | <input type="checkbox"/> (b)(5) Late Budget Enactment Delayed Filling |
| <input type="checkbox"/> (b)(3) Designated Management Position | |

B. Reason for reestablishment(s):

C. Consequence if reestablishment(s) not granted:

D. Position Data:

Position Number(s): _____
Classification Title: _____
Salary Range: _____ - _____

Contact Person: _____ **Telephone Number:** () - ext. _____
(type or print)

E. Signature:

As department director, or his or her designee, I certify that the above requested action and supporting information is true and accurate.

Department	Agency	Department of Finance
<input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ Director/Date	<input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ Agency Secretary/Date	<input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ Deputy Director or Designee/Date